

# Chickahominy Health District

Serving: Charles City, Goochland, Hanover & New Kent Counties

## Request for Well, Septic/Drainfield Information

*Requests for information will be processed in 3-5 business days after a complete request form has been submitted.*

**Information Needed** \_\_\_\_\_

**Date Received** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

### Property Information

**Address** \_\_\_\_\_ **Property Size** \_\_\_\_\_

**GPIN#** \_\_\_\_\_ **Tax Map #** \_\_\_\_\_

**Subdivision** \_\_\_\_\_ **Section** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_

### Other Property Identification


**Approximate age of house** \_\_\_\_\_ **years.**

**Original Owners/Builders Name (if older than 1975)**


\*Virginia Code § 2.1-340.1, the Freedom of Information Act will be implemented in the Hanover Health District, beginning August 15, 2003. Therefore customers that receive public records will be charged for research time, copying and mailing when applicable. These fees will be communicated in advanced and fees must be paid prior to release of records. Customers will be given one (1) free copy of his/her well/septic file or restaurant file.

<b>OFFICE USE ONLY:</b>	
<b>Date Received</b>	_____
<b>Date Processed</b>	_____ <b>Initials</b> _____
<b>Date Mailed</b>	_____ <b>Faxed</b> _____
<b>Information Provided</b>	_____
<b>No Records Found</b>	_____